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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:090000013		CITY OR TOWN	NORTHAMPTON	
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	HAMPSHIRE FRAM	NKLIN & HAMPD	EN AGRICUL. SOC	TIETY	
DOING BUSINESS	A THREE COUNTY	FAIR			
ADDRESS FAIR S	Γ.				
CITY/TOWN: NO	RTHAMPTON	STATE: MA	ZIP CODE:	01060	
	ALLCROSS, TYPE JCE R.	E OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE	ES:			
BEER HALL IN FAIR					
	swear under penalties of the			liaansa di	
	wed license will be of the see has complied with a	* *	-		
	ises are now open for b		•	taxes, and	
	ses are now open for a	usiness (ir not expi			
SIGNED BY:	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
	TEEET TOTAL	Tronibar.	(Note: NOT Indi	vidual Social Security Number)	
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expl	ain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 090000043		CITY OR TOWN	NORTHAN	APTON
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: 26-28 CENTER STI ESS A 28 CENTER STREET	REET LLC			
CITY/TOWN:	NORTHAMPTON	STATE: MA	ZIP CODE:	01060	
MANAGER:	SUHER,ERIC TYPI	E OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR E	CMAIL ADDRESS		L
DESCRIPTION	OF LICENSED PREMIS	ES:			
	R LEVEL OF BLDG. W/ TWO TE RECEPTION AREA ADJ. OWER LEVEL.				
I hereby certify	and swear under penalties	of perjury that:			
1. the re	enewed license will be of the	ne same type for the	e same premises now	licensed;	
2. the li	icensee has complied with a	all laws of the Com	monwealth relating t	o taxes; and	
3. the p	remises are now open for b	ousiness (If not expl	lain below)		
SIGNED BY:	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, s	igned, attest that we are i igned by the building insp and (2) the certificate of l	pector and the hea	d of the fire depart	ment for the	above
Please Check Belov	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 090000049		CITY OR TOWN	NORTHAMPTON
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PINE GROVE GO	LF CLUB INC.		
DOING BUSINESS	A			
ADDRESS WILSON	N RD.			
CITY/TOWN: NO	RTHAMPTON	STATE: MA	ZIP CODE:	01060
MANAGER: VER	RILLO, GIL TYP	PE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
ONE ROOM ON FIRS	T FLOOR, STORAGE	IN CELLAR.		
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the s	same premises now	licensed;
	=	all laws of the Comm	=	o taxes; and
3. the premi	ses are now open for	business (If not explain	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		LIDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building ins	spector and the head	of the fire departs	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:->			
(If disapproved expla	1111)			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 090000075		CITY OR TOWN	NORTHAMPTON
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	HAMPSHIRE,FRAN SOCIETY	IKLIN & HAMPD	EN AGRIGULTUR.	AL
DOING BUSINESS	A			
ADDRESS 3 COUN	TY FAIRGROUNDS			
CITY/TOWN: NO	RTHAMPTON	STATE: MA	ZIP CODE:	01060
	LLCROSS, TYPE ICE R.	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
INFIELD LOCATION	, BRIDGE AND FAIR S	ΓS		
				
3. the premi	ses are now open for be			
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000082		CITY OR TOWN NORTHA	MPTON
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: VERACRUZ FOOD	S, INC		
DOING BUSINESS A VERACRUZANA			
ADDRESS 31 MAIN ST			
CITY/TOWN: NORTHAMPTON	STATE: MA	ZIP CODE: 01060	
MANAGER: HOOD, SUNIA TYPE	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
2000 SQ FT ON FIRST FLOOR WITH 50 SEA OF EQUAL SPACE FOR STORAGE. ENTRA			ASEMENT
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ie same type for the s	same premises now licensed;	
2. the licensee has complied with a	all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open for b	usiness (If not expla	in below)	
SIGNED BY: Individual, Partner of	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	ector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 090000096		CITY OR TOWN	NORTHAN	MPTON
APPLICATION FO	OR RENEWAL:	Seasonal	LICEN	SED FOR 20	
LICENSEE NAME DOING BUSINESS ADDRESS 84 PLE	S A SIAM SQUARE	CLASS			YEAR
CITY/TOWN: NO		STATE: MA	ZIP CODE:	01060	
MANAGER: ZIV	ASATIANRACHTYPE AVAPORN			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS F LICENSED PREMISE		EMAIL ADDRESS		_
2. the licen	wed license will be of the see has complied with al nises are now open for bu Individual, Partner or	l laws of the Cornsiness (If not exp	nmonwealth relating to		
DATE:	TELEPHONE :	NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of lic	ector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000112	(CITY OR TOWN NORTHA	MPTON	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: FRANK NEWHAI	LL LOOK MEMORIA	L PARK, INC		
DOING BUSINESS A PINES THEATE	R			
ADDRESS 00300B NORTH MAIN ST				
CITY/TOWN: NORTHAMPTON	STATE: MA	ZIP CODE: 01062		
MANAGER: LARKIN, JILIAN TYPE	PE OF LICENSE:Gene prem		Wine and Malt Regular	
EMAIL ADDRESS:				
	EBSITE AND ENTER YOUR EMA	IL ADDRESS	<u> </u>	
DESCRIPTION OF LICENSED PREMIS				
OUTDOOR AMPHITHEATER WITH SEAT	ING FOR 2300 PEOPLE			
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner	the same type for the same all laws of the Commo	onwealth relating to taxes; and n below)		
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social		
		(Note: 1101 Individual Social	Security Number)	
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	spector and the head	of the fire department for th	e above	
Please Check Below:		LOCAL LICENSING AUTH	IORITY	
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090000126	j	CITY OR TOWN NORTH	IAMPTON
APPLICATION FOR RENEWAL	L: Seasonal	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: JAMES LA DOING BUSINESS A NO. 40 G			
ADDRESS 40 GREEN STREET			
CITY/TOWN: NORTHAMPTO	N STATE: MA	ZIP CODE: 01060	
MANAGER: LAING, JAMES	TYPE OF LICENSE: Rest	aurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED			
STAND ALONE RESTAURANT OF DINING ROOM OF 500 SQ FT WITTELOOR PLANS SUBMITTED			
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ill be of the same type for the s	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comm	onwealth relating to taxes; an	nd
3. the premises are now of	open for business (If not explain	in below)	
SIGNED BY: Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Soci	ial Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	ding inspector and the head	of the fire department for	the above
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 090000132		CITY OR TOWN	NORTHAN	MPTON
APPLICATION FO	OR RENEWAL:	Seasonal	LICENS	SED FOR 20)13
		CLASS			YEAR
	E: D.P.Z., INC. S A MISS FLORENG IN STREET, UNIT E				
CITY/TOWN: NO		STATE: M	A ZIP CODE:	01060	
MANAGER: ZA		PE OF LICENSE:		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
FIRST FLOOR DINE		IAIN STREET, UNI	ГВ, FLORENCE, MA W JLL STORAGE SPACE I		
	nises are now open for			o taxes; and	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, sign	ed by the building in	spector and the h	the certificate require ead of the fire departi nsurance required by	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:090000133		CITY OR TOWN	NORTHAM	IPTON		
APPLICATION FO	R RENEWAL:	Seasonal CLASS	LICENSED FOR 2013 YEAR				
	WASHUT & WARE A JAKE'S RESTAUR. G STREET	LLC					
CITY/TOWN: NO	RTHAMPTON	STATE: MA	ZIP CODE:	01060			
	SHUT, TYPE EXANDER	OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS				
ONE FLOOR DINING	LICENSED PREMISES GDOUBLE DOOR ENT NING SEATS 32 GUESTS	RANCEIN A SM.			TS 19		
I hereby certify and	swear under penalties of	perjury that:					
	ved license will be of the		=				
	see has complied with al			taxes; and			
3. the premi	ises are now open for bu	siness (If not expl	lain below)				
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer				
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)		
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lic	ector and the hea	d of the fire departr	nent for the	above		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY		
APPROVED: DISAPPROVED: [(If disapproved explain)	ain)		By:				
·	•						
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 090000134		CITY OR I	OWN	NORTHAN	APTON
APPLICATION	FOR RENEWAL:	Seasonal]	LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAI	ME: OLIVE JUICE C	OMPANY				
DOING BUSIN	ESS A GRUB SANDV	VICH SHOP				
ADDRESS 88 P	LEASANT STREET					
CITY/TOWN:	NORTHAMPTON	STATE: N	IA ZIP CO	DE:	01060	
	MARTINEZ, T DANIEL	YPE OF LICENSE	:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS			_
	OF LICENSED PREM					
SINGLE FLOOR EMERGENCY EX	RESTAURANT WITH C XIT	OUNTER AND ON	E MAIN FRONT E	ENTRAN	ICE WITH A	BACK
I hereby certify a	and swear under penalti	es of perjury that:				
1. the re	enewed license will be o	of the same type for	the same premis	ses now	licensed;	
2. the lie	censee has complied wi	th all laws of the C	ommonwealth re	lating to	taxes; and	
3. the pr	remises are now open for	or business (If not e	explain below)			
SIGNED BY:						
	Individual, Partn	er or Authorized C	orporate Officer			
DATE:	TELEPHO	NE NUMBER:				ION NUMBER:
			(Note: <u>r</u>	NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, si	igned, attest that we a gned by the building i and (2) the certificate	inspector and the l	head of the fire	departı	nent for the	above
Please Check Below	<u>/:</u>		LOCAL L	ICENS	ING AUTHO	ORITY
APPROVED: [By:			
DISAPPROVEI						
(If disapproved e	zapiani)					
			-			
DATE:						